

Sonrisa Care Limited

The Gables

Inspection report

13 St Marys Road
Netley Abbey
Southampton
Hampshire
SO31 5AT

Tel: 02380452324

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 1 November 2017 and was unannounced. We returned on 13 November 2017 to complete the inspection.

At our last inspection in 2015 the service was rated as Good. At this inspection we rated the service as requiring improvement overall. Any shortfalls identified had been quickly acted upon and had not had an adverse impact upon people's care and wellbeing.

As a result of this inspection we have made one requirement. This is where we have identified a statutory breach of regulations. The breach in Regulation requires the service to make more effective use of audits to assess and improve the quality and safety of the service. This is because quality assurance processes did not always identify what improvements were required. We have identified some areas of improvement as part of the inspection process which effective audits should have addressed. We have also identified record keeping needed to be improved to maintain a complete and contemporaneous record in respect to care provided.

We have also made three recommendations where the service could improve. These regarded the management of medicines, staff recruitment and how they managed people's consent to their care.

The Gables is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Gables accommodates up to 24 people in one adapted building. At the time of our visit 24 people were in residence and the service was providing some day care for two people. There was an established registered manager in post. They were well liked and led by example. They had a really good understanding of the people they supported and also had the support of their staff team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People all praised the quality of the service and said they felt safely cared for. The service had an open culture. This enabled all those involved to have confidence their views about the service would be listened to and acted upon. The registered manager was very quick to take action to review and improve procedures that had been questioned during the course of the inspection.

The Gables provides a homely, caring service staffed by a motivated and trained team who were employed in sufficient numbers to meet people's needs. The low staff turnover meant most staff were employed for a sufficient amount of time to ensure they had a good understanding of what people needed in terms of their care and support. Staff also had a good understanding of people's interests and their preferred daily

routines and they accommodated these as far as possible.

People's health and care needs were well understood and staff worked effectively and cooperatively with health care professionals to ensure needs were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service was effective.

People's capacity when they were unable to consent to their care needed to be better documented to demonstrate better how these decisions had been reached.

People's health, care and nutritional needs were understood by staff and were acted upon appropriately.

Staff received appropriate training and liaised well with health care staff to deliver effective treatment .

The premises had been adapted to meet people's individual needs.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits of the service did not always highlight improvements needed which meant improvements needed were delayed.

There was an established and respected registered manager in post. They had a good understanding of the people they supported and also had the support of their staff team. They engaged with people living at the service to ensure they remained satisfaction with the service provided.

The Gables

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 November 2017. It was unannounced. It was carried out by two inspectors. One inspector returned on 13 November 2017 to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with seven people living at the service and observed how support was being provided in communal areas. We spoke with four relatives, two health professionals, with five staff and with the registered manager. We looked at a number of different documents. These included care records for four people, four staff records, medicine records, audits and minutes of meetings.

Is the service safe?

Our findings

People all said they felt safely cared for. A representative comment was they "wouldn't want to be anywhere else." Staff confirmed they understood the processes to follow if they felt a person was at risk of abuse and said they understood their role and responsibilities under whistleblowing procedures. They had not felt the need to whistle blow during their employment at The Gables as they said they were confident about approaching the registered manager or senior staff with any concerns they might have. They felt sure any concerns they expressed would be acted upon appropriately.

Checks took place as part of the recruitment process to ensure the right staff were recruited to support people to stay safe. These included checks with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Gaps in people's employment histories were not always recorded. It is important to record full employment histories and to have any gaps in employment explained as part of a thorough background recruitment check. The registered manager said these gaps were verbally explained during the recruitment process. They told us they were redesigning the staff application form to ensure this written information was included in future staff applications for employment.

The registered manager said there were sometimes difficulties in obtaining written references from people's previous employers but said they always spoke with any previous employer when this was in the health and social care field. This helped to ensure the conduct of the prospective employee was satisfactory. We have made a recommendation that these verbal conversations are recorded as part of the recruitment process.

Improvements to the management of medicines were made during the course of the inspection visits. These mainly related to how medicines were being stored. During our first visit we noted that there were excessive supplies of prescribed medicines for some people. These particularly related to creams used to manage skin conditions. The temperature of areas where medicines were stored were also not being regularly monitored to ensure they remained within safe limits. It is important to monitor the temperature of rooms where medicines are stored because extreme temperatures can cause deterioration of medicines. At the time of our second visit the service had requested and received a visit from their supplying pharmacist to review how medicines were being managed. The registered manager had taken prompt action to ensure the suggested improvements made from this audit were being made.

We recommend the registered manager makes reference to the guidance contained within NICE (National Institute for Health and Care Excellence) guidance regarding the management of medicines in care homes when conducting medicine audits. This will help to ensure medicine management processes remain robust.

There were sufficient staff deployed to meet people's needs. One person said "Staff come when needed. They are usually pretty quick." Another person said staff did not always come straight away but said they got the help they needed when they needed it.

Staff said they generally had enough time to support people appropriately. They said they were usually not rushed and they understood sometimes the people they supported needed more of their time than may be usual for a variety of reasons. One staff said "If it takes half an hour (to support a person with their personal care) – it takes half an hour" Staff appreciated the registered manager and deputy would support them by 'working on the floor' when they needed more time than usual to support people.

There was a well-established staff team with a number of staff being employed for several years. There were four care staff deployed in the mornings and three in the afternoon. There were two waking staff who supported people during the night. Care staff were supported by housekeeping and catering staff and by an activity coordinator.

Risk to people's care and wellbeing was assessed and action was taken to keep people as safe as possible. For example one person who had had a number of falls had been referred to a falls clinic to ensure all possible steps had been taken to reduce the risk of this reoccurring. Although guidance contained in written assessment of risk was at times vague, staff demonstrated a good understanding of people's health and care needs and were consistent in their descriptions about how they would support people deemed at particular risk.

Environmental risk was regularly reviewed. Each person had a PEEP (Personal Emergency Evacuation Plan) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of any emergency. The service undertook regular legionella checks in line with legislation. Actions had been completed to help ensure the premises were maintained in respect of fire safety.

The home was clean and tidy. One regular visitor said they usually turned up unannounced and the home was always clean and always smelled fresh.

There was a dedicated housekeeping team. They worked weekdays and followed good infection control procedures. Night staff also assisted with cleaning communal areas. The laundry room was clean and well ordered. In the previous year the service had followed good infection control procedures to contain an infectious outbreak.

Staff learned from their experiences when something went wrong. For example there was a mix up with one person's medicines. Staff reviewed how this had occurred and changed procedures to ensure this would not happen again.

Is the service effective?

Our findings

At our last inspection we recommended that the provider reviewed how they assessed and recorded people's mental capacity to consent to their care and support. This was to ensure they could demonstrate they were following the legal framework of the Mental Capacity Act 2005. Since this time the registered manager had taken some steps to help them further understand their role and responsibilities regarding people's capacity to agree to the care and support they received in line with this legislation. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). "Assessing a person's capacity accurately is important; otherwise, a person might be denied the right to make a decision because it is unwise and not in their best interests."

Where people lacked capacity to consent to aspects of their care and support a decision had been made in consultation with family members to ensure they were receiving the care and support which was in their best interests. We discussed with the registered manager that it was still not always clear how they had established that people lacked capacity in the first instance to make these decisions. For example, regarding their prescribed medicines. We concluded this was an issue of inefficient recording rather than a lack of consideration of a person's ability or not to make decisions. The registered manager said further work was being done to document how these decisions were being made. We recommend the registered manager follows SCIE guidance (Social Care Institute for Excellence) to improve documentation relating to this, particularly regarding how the service assessed people's capacity to make specific decisions about their care.

We observed people were asked for their consent before any care and support was provided. Staff demonstrated they understood the importance of giving people choices for example one staff said, "I always ask them to choose what they want to wear". For people who had difficulty making this decision they explained how they showed them options from their wardrobe to help them to decide. They all understood the importance of explaining what they were going to do to support the person before they started to assist them. People had signed to show they consented to the care and support provided where they had capacity to do so.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in relation to DoLS and had applied to the local authority for appropriate authorisations where required.

Staff understood people's health care needs and liaised effectively with health care professionals. A health care professional said they were really impressed about how staff managed people's health care needs. They said staff consulted them appropriately, could clearly describe any changes in people's health and acted upon any instructions given to improve people's health conditions.

Written information regarding people's health care needs was clear and was regularly updated to reflect any changes. Staff had monthly meetings with the GP so people's health care needs were regularly monitored. Staff accompanied people to health care appointments.

Recording of people's care needs was a little sparse at times but staff demonstrated a good understanding of what people's needs were and provided care and support appropriate to their needs. Staff said communication was good and said they were updated of any changes in people's health or care needs as part of a handover process at the start of each shift.

There were shortened care plans in place which described people's health conditions and their prescribed medicines. This was to assist health care staff should a person be admitted to hospital. The registered manager was in the process of compiling "This is me" documents which would also accompany people should they need to go into hospital. "This is me" provides an easy and practical way of recording key information about the person. The form includes details on the person's cultural and family background; events, people and places from their lives; preferences, routines and their personality. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs.

People's nutritional needs were understood and were catered for appropriately. Where required, people's weight was monitored regularly and people's dietary needs were known and acted upon, for example some people needed their food to be pureed. Staff provided appropriate support where needed to assist people to eat their meals.

Staff had a good understanding of people's dietary preferences. This meant that although there was not a formal choice of hot meal, people's likes and dislikes were catered for. For example on one of the days of our inspection the meal was sweet and sour chicken. One person did not like sweet and sour and so had a burger instead. Some others had soup. The food was well presented. A relative agreed saying the food always "looked tempting."

People were offered drinks regularly throughout the day. Staff had a good understanding of how to encourage people with limited appetite or desire to eat and drink more. Staff described how they offered a small cup of drink to a person who would drink two or three of these but who would be put off by a mug or bigger cup.

Staff said training was of good quality and was relevant to help them to carry out their role effectively. Staff received training in key health and safety subjects, such as first aid, fire safety and moving and positioning. Some staff also completed training in specific topics such as diabetes and depression to enable them to have a greater understanding of people's specific medical conditions. Some established staff had studied for additional qualifications such as an NVQ (National Vocational Qualification) or Diploma in Health and Social Care. New staff completed the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standards of care that care workers are expected to demonstrate.

Is the service caring?

Our findings

People were treated with kindness and everyone commented about the homely feel of the service. One person said, "I think it is very good. Staff are all good you can speak with any of them." Another said they chose to live at the Gables because it had a family atmosphere and it was "Friendly here." A visitor said "Staff are really nice. Mum hugs them. She has settled really nicely. It's a home". Another relative said of the care provided to their loved one, "It's been wonderful. It's the only place we found which was really friendly."

People said, "Staff have time to listen". People liked the fact that staff provided them with thoughtful and considerate support. One person described how much they appreciated staff spending a lot of time with them, comforting them when they were upset. Another said staff had made a detour on the way back from supporting them at a medical appointment to enable them to spend some time shopping.

Staff spoke warmly and knowledgably about people living at The Gables. They said, "Everyone cares." They valued working at The Gables because they said they were given the time and the opportunity to really get to know people well.

We observed staff interacting with people with people sitting in the conservatory. Music was playing and people were singing along. Staff were dancing with people and laughing and joking with them. The atmosphere was relaxed and happy. Staff were respectful towards people; they did not talk over them and included everyone in their general conversations which helped to provide an inclusive environment. Staff, through their conversations demonstrated they knew people well for example one staff arriving on duty said to one person "Did you have a nice birthday on Sunday?" Another staff said to another person, "You don't like biscuits do you" and offered them an alternative snack.

Staff provided gentle encouragement to people to be involved in day to day life at the home, for example, during arranged activities people were included if they wanted to join in and they were enabled to take as much or as little part as they wanted to.

There were residents meetings. The most recent one held in September 2017 discussed possible activities residents wanted. A suggestion was made regarding more films and passive exercises and these were being incorporated into the activity programme. People were consulted about their care needs and visitors felt involved in the care of their relative. One said "They (staff) keep us in the loop all the time." Relatives felt confident staff would consult with them promptly about any changes in their relative's health or wellbeing. Visitors were made welcome.

People's privacy was respected as far as possible. There were five shared rooms in the service. The registered manager considered people's compatibility before a person moved into a shared room and they described how well this arrangement had worked for some people in particular.

Is the service responsive?

Our findings

Before people moved in to the service they were encouraged to visit at any time to help them to have an understanding about what the service could provide. The registered manager or senior staff also visited them to discuss the service and find out what their abilities and needs were to help to ensure the service could provide appropriate support and care.

Once people had decided to move to The Gables staff planned the care and support they provided around people's interest and preferences as well as developing an understanding around their health and personal care needs. Staff knew people's histories, previous employment and the people who were important to them. Written information about this was less detailed. Where they were able to people had signed to confirm they had agreed to the contents of their care plan which helped to ensure information it contained was accurate.

Staff arranged activities in line with people's interests. There was an activity coordinator employed who worked four days a week. There were a range of activities provided, and people's ideas were encouraged to introduce new ones. Relatives said the service provided good activities for people living with dementia. They particularly appreciated the opportunities people had to reminisce which were prompted by talking and listening to music from people's younger days. Some people preferred to remain in their rooms. Where this was the case the activity coordinator ensured they spent some one to one time with them if this was their wish.

We observed people participating in gentle exercise sessions which they appeared to enjoy and others helping staff with household tasks such as folding sheets and towels. People also enjoyed having their hair dressed during the weekly visit from the hairdresser.

People's religious beliefs were accommodated. People currently living in the home had Christian beliefs and Christian services were conducted at the home. Visitors from the church also visited to talk with people.

Some people living at the service were not always able to communicate verbally to express their needs and wishes. Staff described how they managed to support people who had this difficulty. They gave an example of one person who would sing the same song repeatedly. This always prompted them to check their wellbeing as staff recognised the person would do this when they were uncomfortable. Staff described how they would also pay extra attention to another person's health needs when they noticed them walking about in a particular way.

Staff had access to visual prompts which they sometimes used to enhance communication and understanding when people could not verbally express their wishes.

There had been some adaptations to the decoration of the premises to help to meet people's individual needs. There were different communal areas within the home and so people could choose to spend time in quieter or busier communal rooms as was their wish. People had personalised their rooms to reflect their

tastes and interests. People with a cognitive impairment were assisted by clear signage on toilet doors. There were pictorial prompts on dining tables to remind people what was on the menu that day. This meant that the service was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People who lived at the service and their family and friends felt confident to raise any concerns they may have with the registered manager or with other staff. They said any such concerns would be listened to and responded to appropriately. One person said, "When things go wrong they listen and respond." There had been no formal complaints made to the service in the past twelve months and CQC had not been made aware of any concerns or complaints about the service.

Every effort was made to make sure people's views and wishes were acted upon as they neared the end of their life. Staff thoughtfully described how they cared for people approaching the end of their life making it clear they understood the importance of respecting people's wishes, reassuring them and keeping them as comfortable as possible. There were some advanced care plans in place but these were not always completed. Advance Care Planning (ACP) is a structured discussion with people and their families or carers about their wishes and thoughts for the future. The registered manager said this was an area they were developing and were working on with people.

Is the service well-led?

Our findings

Some quality assurance processes were in place to help check the service was delivering care to an appropriate standard. Some audits were more robust than others, for example, staff training was regularly reviewed and staff were booked on training to update their skills where necessary. Other audits were less effective. A medicine audit did not highlight stocks of some medicines were too high or that the temperature of rooms used to store medicines were not being monitored. A weekly 'practice safety checklist' had been inconsistently completed and areas covered did not always relate to the service provided at The Gables. This meant audits did not always identify where action was needed to improve the quality and safety of the service. Records were brief, particularly around staff recruitment, assessing people's needs and their capacity to consent to their care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. We will require the provider to give us an action plan with timescales to demonstrate how they are going to make improvements.

The service was owned by Sonrisa Care Limited. The registered manager said the owners were supportive when approached. The registered manager said they could get support from the manager of another care home in a different area which was owned by the same provider. They said they also received advice and support from time to time from a consultant, who had for example assisted them in updating policies and procedures. To help them to keep up to date with developments in the industry they read information sent by the Care Quality Commission and said they were members of a local care association who provided further advice and support.

There was an established registered manager in post who was well liked and respected and who led by example. People said she was approachable and said they could discuss any issues with her. The registered manager had a very good understanding of the needs and interests of people living at the Gables. A staff member said she, "Is very good. She is fair." They appreciated that she provided practical support when this was needed which meant residents did not have to wait too long for support or assistance.

Staff worked well as a team. A staff member said, "Staff will always back you up and support you". Staff said morale was very good. They described how important it was for them to provide a good service to people and were observed to be motivated and caring. One staff member said, "I love working here." Another said, "I come to work and have fun."

The ethos of the service was described on their website as 'A friendly and personalised service ... with carers focusing on dignity and respect at all times, while making sure the home is a pleasant place to live and visit'. Feedback we received from people living at the home and their friends and visitors indicated people felt the home was meeting these objectives. As there was a stable management team and a relatively low staff turnover, staff knew people well which helped to ensure they were provided with a service tailored to meet their individual needs and preferences.

The service asked people to complete questionnaires to gather their views about the quality of the service. Feedback from these was consistently positive. Similarly, feedback received on line was also very positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes did not always identify the improvements required. Record keeping needed to be improved upon to maintain a complete record in respect to care provided.